## Case 23-11777-CMG Doc 23 Filed 06/19/23 Entered 06/19/23 11:53:12 Desc Main Document Page 1 of 4

Fill	in this information t	o identify your ca	ase:									
De	btor 1	Stephanie M	Strother			_						
1 -	btor 2 ouse, if filing)					_						
Un	ited States Bankrup	tcy Court for the	: DISTRICT OF NEW J	ERSEY		_						
Ca	se number 23-	number <b>23-11777</b>				Chec	k if this is	:				
(If k	nown)							■ An amended filing				
										g postpetition ollowing date:		
	fficial Form						Ī	/IM / DD/ `	YYYY			
_	chedule I: `		ome sible. If two married peo								12/1	
spo	rt 1: Describ	earated and you et to this form. e Employment	are married and not filing wing spouse is not filing wing wing the top of any additions.	ith you, do not inclu	ıde infor	mati	on abou	t your sp	ouse. If mo	ore space is	needed,	
1.	Fill in your emplinformation.	oyment		Debtor 1				Debtor	2 or non-fi	ling spouse		
	If you have more		Employment status	■ Employed	■ Employed			☐ Employed				
	attach a separate page with information about additional employers.		Employment status	☐ Not employed				☐ Not employed				
			Occupation	Talent Recruiter								
	Include part-time, self-employed wo		Employer's name	SHI International Corp								
	Occupation may i or homemaker, if		Employer's address	290 Davidson A Somerset, NJ 0								
			How long employed to	here? <u>1 year</u>				_				
Pa	rt 2: Give De	tails About Mor	nthly Income									
	imate monthly incouse unless you are		ate you file this form. If	you have nothing to r	report for	any	line, write	e \$0 in the	e space. Inc	clude your no	n-filing	
	ou or your non-filing e space, attach a se		ore than one employer, co	ombine the information	on for all	empl	oyers for	that perso	on on the li	nes below. If	you need	
							For De	btor 1		otor 2 or ng spouse		
2.			ry, and commissions (becalculate what the month)		2.	\$	5	,166.68	\$	N/A	-	
3.	Estimate and lis	t monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	-	
4.	Calculate gross	Income. Add lir	ne 2 + line 3.		4.	\$	5,1	66.68	\$	N/A		

Deb	tor 1	Stephanie M Strother	-	Case n	umber (if known)	23-11777		
				For [	Debtor 1	For Debto		
	Con	y line 4 here	4.	\$	5,166.68	non-filing	spouse N/A	
		,	••	<u> </u>	0,100.00	<u> </u>		
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	524.36	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A	
	5c. 5d.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5c. 5d.	\$ 	0.00	\$	N/A N/A	
	5e.	Insurance	5a. 5e.	\$ 	359.04	\$	N/A N/A	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A	
	5g.	Union dues	5g.	\$	0.00	\$	N/A	
	5h.	Other deductions. Specify: NJ State Income Tax	5h.+	\$	95.03	+ \$	N/A	
		SUI	_	\$	21.97	\$	N/A	
		FLI		\$	3.10	\$	N/A	
		401k	_	\$	258.33	\$	N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,261.83	\$	N/A	
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,904.85	\$	N/A	
8.		all other income regularly received:						
	8a.	Net income from rental property and from operating a business,						
		profession, or farm Attach a statement for each property and business showing gross						
		receipts, ordinary and necessary business expenses, and the total						
		monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive						
		Include alimony, spousal support, child support, maintenance, divorce						
		settlement, and property settlement.	8c.	\$	304.00	\$	N/A	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	N/A	
	8e.	Social Security	8e.	\$	0.00	\$	N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance						
		that you receive, such as food stamps (benefits under the Supplemental						
		Nutrition Assistance Program) or housing subsidies.						
	_	Specify:	8f.	\$	0.00	\$	N/A	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A	
	8h.	Other monthly income. Specify: Tax Refund	_ 8h.+ _	· —		+ \$	N/A	
		Family Contribution	_	\$	520.00	\$	N/A	•
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,062.33	\$	N/A	
			L					1
10.	Cald	culate monthly income. Add line 7 + line 9.	10. \$	4	,967.18 + \$	N/A	<b>A</b> = \$	4,967.18
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.						
11.		e all other regular contributions to the expenses that you list in Schedule						
		ide contributions from an unmarried partner, members of your household, your r friends or relatives.	depend	dents, y	our roommates	s, and		
		not include any amounts already included in lines 2-10 or amounts that are not	availab	le to pa	ay expenses list	ed in <i>Schedu</i>	ıle J.	
	Spe	cify:				11.	. +\$	0.00
10	۸ ما ما ا	the amount in the last column of line 10 to the amount in line 11. The res		0.00~!	ainad maathli :	noomo		
12.		e that amount on the Summary of Schedules and Statistical Summary of Certai						
	appl	,				12	. \$	4,967.18
							Combine	ed
	_		_				monthly	
13.	Do y	you expect an increase or decrease within the year after you file this form	?					
		No.						
		Yes. Explain: Debtor does not expect any change at this mome	ent.					

Fill	in this information to identify your case:				
Deb	Stephanie M Strother		Ched	ck if this is: An amended filing	
1	tor 2  buse, if filing)			•	ving postpetition chapter the following date:
Unit	ed States Bankruptcy Court for the: DISTRICT OF NEW JERSEY		-	MM / DD / YYYY	
	e number				
Of	fficial Form 106J				
Be	chedule J: Your Expenses as complete and accurate as possible. If two married people are primation. If more space is needed, attach another sheet to this finber (if known). Answer every question.  11. Describe Your Household				
1.	Is this a joint case?				
	■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household? □ No				
•	Yes. Debtor 2 must file Official Form 106J-2, Expenses	for Separate Househo	<i>ld</i> of Deb	tor 2.	
2.	Do you have dependents? ☐ No  Do not list Debtor 1 and ☐ Year Fill out this information for	Donandant's relation	shin to	Donondont's	Door dependent
	Do not list Debtor 1 and Debtor 2.  Yes. Fill out this information for each dependent	Dependent's relations Debtor 1 or Debtor 2	snip to	Dependent's age	Does dependent live with you?
	Do not state the dependents names.	Daughter		12	□ No ■ Yes □ No □ Yes □ No □ Yes □ Yes
					□ No □ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?  The image is a serior of the people of the	ou are using this form	1 25 2 511	innlement in a Cha	nter 13 case to report
exp	penses as of a date after the bankruptcy is filed. If this is a supp policable date.				
the	lude expenses paid for with non-cash government assistance if value of such assistance and have included it on <i>Schedule I: Y</i> ficial Form 106I.)			Your expe	enses
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	nclude first mortgage	4. \$	·	1,172.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$	}	0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$ 4c. \$		0.00
	<ul><li>4c. Home maintenance, repair, and upkeep expenses</li><li>4d. Homeowner's association or condominium dues</li></ul>		4c. \$		0.00 285.00
5.	Additional mortgage payments for your residence, such as hor	me equity loans	5. \$		0.00

Deptor	Stephanie M Strother	Case number (if k	nown) 23-11777
6. <b>Uti</b>	ilities:		
6a.		6a. \$	200.00
6b.		6b. \$	90.00
6c.			430.00
6d.		6d. \$	0.00
	od and housekeeping supplies	7. \$	500.00
	nildcare and children's education costs	8. \$	400.00
	othing, laundry, and dry cleaning	9. \$	0.00
		10. \$	_
	rsonal care products and services	· —	0.00
	edical and dental expenses	11. \$	0.00
	ansportation. Include gas, maintenance, bus or train fare.	12. \$	150.00
	not include car payments. Itertainment, clubs, recreation, newspapers, magazines,	·	50.00
		·	
	paritable contributions and religious donations	14. \$	0.00
-	Surance.	o linea 4 or 20	
	not include insurance deducted from your pay or included in a. Life insurance	15a. \$	61.00
	b. Health insurance	15b. \$	0.00
_			
	c. Vehicle insurance	15c. \$	142.00
	d. Other insurance. Specify:	15d. \$	0.00
	xes. Do not include taxes deducted from your pay or include		<b>.</b>
	ecify:	16. \$	0.00
	stallment or lease payments:	^	
	a. Car payments for Vehicle 1	17a. \$	372.59
	b. Car payments for Vehicle 2	17b. \$	0.00
	c. Other. Specify:	17c. \$	0.00
170	d. Other. Specify:	17d. \$	0.00
	our payments of alimony, maintenance, and support that		0.00
	ducted from your pay on line 5, Schedule I, Your Income		
	her payments you make to support others who do not li		0.00
	ecify:	19.	
	her real property expenses not included in lines 4 or 5 o		
20	Mortgages on other property	20a. \$	0.00
201	b. Real estate taxes	20b. \$	0.00
	c. Property, homeowner's, or renter's insurance	20c. \$	0.00
200	d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20	e. Homeowner's association or condominium dues	20e. \$	0.00
1. <b>Ot</b> l	her: Specify:	21. +\$	0.00
	· · · · · · · · · · · · · · · · · · ·		3.55
	lculate your monthly expenses		
	a. Add lines 4 through 21.	\$ _	3,852.59
221	b. Copy line 22 (monthly expenses for Debtor 2), if any, from	Official Form 106J-2 \$	
220	c. Add line 22a and 22b. The result is your monthly expense	es. s	3,852.59
			0,002.00
	Iculate your monthly net income.		
23	a. Copy line 12 (your combined monthly income) from Scho	edule I. 23a. \$	4,967.18
231	b. Copy your monthly expenses from line 22c above.	23b\$	3,852.59
			, , , ,
230	c. Subtract your monthly expenses from your monthly inco	me.	
	The result is your monthly net income.	23c. \$	1,114.59
	,		
	you expect an increase or decrease in your expenses v		
	r example, do you expect to finish paying for your car loan within the	year or do you expect your mortgage paymen	t to increase or decrease because of a
_	dification to the terms of your mortgage?		
	No.		
	Yes Explain here:		